

Case Number:	CM15-0212123		
Date Assigned:	10/30/2015	Date of Injury:	11/02/2010
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male who sustained an industrial injury on 11-2-10. A review of the medical records indicates that the worker is undergoing treatment for disc bulges-lumbar spine, pain-cervical spine, and pain-right wrist. Subjective complaints (9-29-15) include cervical spine: intermittent burning, dizziness, feeling lightheaded, and loss of smell. Objective findings (9-29-15) include pain is reported at C5, C6 and C7 along with tingling and the worker reports when moving and turning he feels numbness and tingling in the neck along with dizziness. Work status was noted as remain off work until 10-29-15. The treatment plan includes a Neuro consult, epidural injection, and continue daily home exercise program. The requested treatment of a cervical epidural steroid injection at C5-C6 level was non-certified on 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Steroid Injection at C5-C6 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter under Epidural steroid injections.

Decision rationale: Based on the 9/29/15 progress report provided by the treating physician, this patient presents with constant, achy, and burning lumbar spine pain radiating down posterior thighs to knees and going back up to bilateral buttocks, rated 7/10, dull, achy right wrist pain with weakness rated 6/10, and intermittent, burning cervical spine pain with dizziness and light-headed feeling along with loss of smell. The treater has asked for CERVICAL EPIDURAL STEROID INJECTION AT C5-C6 LEVEL on 9/29/15. The request for authorization was not included in provided reports. The patient's back pain increases with driving and prolonged sitting, while his right wrist pain tingling has resolved but the weakness remains per 9/29/15 report. The patient is wearing a back brace, taking hot baths, and taking medications which helps with the pain per 9/29/15 report. The patient is able to make a full fist per 5/25/15 report. The patient is currently having numbness in fingers and palm in his right wrist, worsened and radiating to the thumb while driving per 5/25/15 report. The patient is currently off work from 9/29/15 to 10/29/15 according to report dated 9/29/15. MTUS Guidelines, Epidural Steroid Injections section, page 46 states: Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. ODG-TWC, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain." In this case, the patient has a diagnosis of cervical spine pain. The treater does not discuss this request in the reports provided. Per review of reports, there is no evidence of prior cervical epidural steroid injections. An MRI of cervical spine dated 9/19/13 was "negative for neck problems" per 11/10/14 report; the original MRI report was not included in provided documentation. The 3/3/15 report states "no change in his neck pain." However, after a session of physical therapy for the neck/shoulder, the patient reported a new dizziness, light-headedness, nausea, loss of smell, and tremors per 5/6/15 report. The 9/29/15 progress report also documents pain with tingling upon palpation at C5-7 and that when moving/turning he feels numbness/tingling in the neck along with dizziness. MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence at the requested level for ESI. Although there is documentation of neck pain along with a recent onset of dizziness/nausea/light-headedness, and loss of smell when moving/turning his neck, there is no cervical MRI with documents a nerve root lesion and no physical exam evidence of neurological deficit along the requested C5-6 dermatome. Furthermore, ODG does not recommend cervical ESI due to "the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." Hence, the request IS NOT medically necessary.

